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HIV on the Rise

**A multi-media project examining the reasons for increasing
HIV infections in Ireland.**

Link to the project: <https://hivireland.wordpress.com>

By

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A dissertation by practice submitted in partial fulfillment of the requirements for MA in
Journalism & Media Communications (QQI)

Faculty of Journalism & Media Communications Griffith College Dublin

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DECLARATION

I hereby certify that this material, which I now submit for assessment on the program of study leading to the award of the MA in Journalism & Media Communications, is my own; based on my personal study and/or research, and that I have acknowledged all material and sources used in its preparation. I also certify that I have not copied in part or whole or otherwise plagiarised the work of anyone else, including other students.

Signed: P. Stahl

Dated: 29.07.2020

ABSTRACT

With more than 500 new cases in Ireland it is clear that HIV is not a disease of the past and it is a misconception that HIV has gone away. While it has become a treatable illness and people do not necessarily die from the virus anymore, most recent available figures show that new diagnoses in Ireland are still rising, whereas there is a decline in most European countries.

Through a multi-media project, this practical dissertation analyses the reasons for rising infections in Ireland in a long-read feature. Interviews with experts from the organization HIV Ireland, HIV positive Irishmen, a student, mother, and a teacher talk about sex education and reveal the main reasons for rising infections. The written piece is a mixture of facts and figures and personal stories.

To provide the audience with basic information about the disease, its history, possible symptoms, treatment and similarities to Sars-Cov-19, and make the article and video easier to understand, it is supplemented with a podcast, in which a German researcher in the field of HIV gives an overview of the disease.

A video gives the interviewees a face and makes the whole project even more personal and accessible. Interviews and B-Roll show how the disease affects a HIV positive man in his daily life and gives additional information about the current situation of the diagnosis and treatment of HIV in Ireland.

To put each part of the project together in a clear way and show it as a whole piece, the article, video, and podcast are published on a website that also offers additional information about the project and its creator. For everyone who prefers reading the article in print an interactive PDF file, created with InDesign, is provided and can be downloaded.

A diverse multi-journalism project like this not only gives the opportunity to show that college classes can be implemented to other topics but also to reach a broad audience through multiple channels, which is necessary when producing journalism nowadays.

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CHAPTER ONE: INTRODUCTION

From 2017 to 2018 the number of people diagnosed with HIV in Ireland rose by 8 percentage from 492 up to 531 diagnoses. Moreover, the cases of new infections of the disease continued to rise in recent years in Ireland, despite an overall decline in the rest of the European Union (Pollak, 2019).

Facts like that make the topic of HIV in Ireland very interesting, relevant, and timely. However, almost no personal stories can be found in-between all those articles about facts and figures. To breach this sensitive subject in a lighter way, make it more accessible to people and raise awareness for that issue, I created a multi-media project about the topic „Increasing HIV infections in Ireland - what are the reasons?“

I decided to write a feature because it gives the opportunity to connect in-depth research about the topic with personal stories. Regarding the audience, most people in Ireland still read the newspaper and prefer print rather than digital.

Because photographs are part of every article but social distancing in times of Coronavirus stopped my original plan of a photo documentary, I decided to take a symbol photo and create images of diagrams and charts about HIV figures in Ireland. A video including interviewees and B-Roll showing them in daily situations is included because it is also known, that visualizing articles with videos can help the audience to engage with the story. While giving additional information about HIV as a disease, the podcast I created can drive more traffic to my project online. The project is published on a WordPress website with all the components together including the feature as an interactive pdf which is based on the design of a magazine page.

To approach the issue of HIV with a multi-media project is also a good opportunity to show what I learned in my classes at college and that I can adapt my knowledge from there to several subjects independently. Furthermore, I am planning to work for a daily newspaper after college and nowadays they expect their reporters to take on the role of what in the past has been the work of several employees. Instead of only being a writer, a photographer or videographer, journalists nowadays have to produce different kinds of content – this is referred to as multimedia journalism. According to Quinn, that means that a reporter produces journalism “that is well beyond what a single medium can do”. That gives the op-

portunity for new ways of story telling, “using the strengths of each medium to produce a more compelling package” (Quinn, 2007, p.147).

With this practical dissertation, I have strengthened my skills in writing, filming a video and producing a podcast. I present everything online as well as on a print document. Moreover, the final project can be used for job applications after college.

The practical project explained above is accompanied by a written dissertation comprised of the following chapters.

Chapter Two is identifying research that has been done prior to and during the process of creating the project. I outline existing literature about HIV in Ireland and Europe and give information about the topic in general and especially about reasons for increasing infections and prevention. Moreover, I will justify the chosen media with literature and studies in this chapter.

In Chapter Three, the creation and design of the article, video, podcast, WordPress page and the PDF are outlined. It addresses the decision I have made before and while constructing the project. This chapter also includes short introductions to my interviewees and explains why and how I contacted and eventually interviewed them, including ethical considerations. This will lead to limitations in this process that mostly came with restrictions due to Coronavirus.

Chapter Four is a discussion of the whole project in which I shortly outline the process of creation, my meetings with Ryan and furthermore, reflect on my interviews, the progress and decisions I have made.

Finally, in Chapter Five, the dissertation is concluded with a reflection on the research topic and a report on the findings that have been made. This last Chapter will end with an evaluation of the topic and product, examine shortly how it relates to other work and gives ideas how it can be developed after submission.

CHAPTER TWO: EVIDENCE OF RESEARCH

To get an understanding of HIV I read books and articles about the infection prior to my interviews. This gathered information helped me to prepare my questions. However, my research not only consists of literature but also from the people I interviewed. While the HIV positive interviewees mostly shared their personal stories with me, experts from HIV Ireland and a researcher helped me to get a lot of knowledge about the virus and infection. Because it was clear that the lack of sex education in Irish schools and religious pathos are two of the significant reasons for increasing infections, I also spoke to students, a mother, a teacher and an Educate Together school about sex education in Irish schools. Eventually, I collected research from broad variety of sources and topics under the following subsections.

An increasing number of HIV infections across Ireland

The number of people diagnosed with HIV in Ireland rose by 8 percentage in 2018 to 531 diagnoses up from 492 in 2017. Facts and figures like that are the topics of the Irish Times article „HIV rate across Ireland rose by 8% in 2018, figures show“. According to the article the cases of new infections of the disease continued to rise in recent years in Ireland, despite an overall decline in the rest of the European Union (Pollak, 2019). That is very important and one of the key points for the project, because it explains, why the topic of HIV in Ireland is so interesting, relevant, and timely. Furthermore, there is the study from the HSE Health Protection Surveillance Center “Monitoring Recent HIV Infection in Ireland, 2018“ which supplies a lot of facts about HIV diagnoses in Ireland and splits the new infections into two different groups like young people and men who have sex with men for example (HSE Health Protection Surveillance Center, 2019).

Moreover, according to HIV Ireland within the rate of 11 HIV positive people per 100.000 population 79 % were male and 21 % female. Five diagnoses were recorded among trans people. Regarding the age groups of diagnoses, 79 % were among those aged 25-39, 7 % were 15 to 24 years old and 14 % new infections were among those aged 50 years and older. Therefore, the median age of adult cases was 35 years. It is also important to know that of the 91 % of diagnoses where the information on the probable route of transmission was available, men who have sex with men are the group most affected by HIV in Ireland (56 %). Right after that are the heterosexual transmissions with 31 %. People who inject

drugs are only 3 % of new diagnoses and four cases are known where the probable route of transmission was attributed to Mother-to-child transmission (Health Protection Surveillance Centre, 2019).

That provided some good basic information for the topic before starting the interviews. A similar aspect can be found in the article "National Increase in HIV and STIs among men who have sex with men in Ireland" (O'Flanagan, 2016). It is a helpful addition because even though this article gives similar information as the study from the Health Protection Surveillance Centre, it is for another period of time. However none of these sources broach the issue of the reasons for the increasing number of new infections or what can be done to prevent it.

Reasons and Prevention

The reasons are a subject of discussion in the article "Nine in 10 gay and bisexual man living with HIV are on treatment and cannot transmit the virus" on thejournal.ie. It also says that the proportion of men testing positive for HIV has been increasing in recent years. The author provides a link between infections and alcohol or drug use (Ryan, 2019). This point that is picked up in the interviews of the project is also mentioned in the article "Increase in diagnose of recently acquired HIV in people who inject drugs" in the magazine Epi Insight (Glynn et al., 2015). Moreover, this aspect is one point of the report "Drug-related blood born viruses in Ireland 2018." The report was established to prepare comprehensive summary of drug-related blood borne viruses in Ireland. It states that "in early 2015, surveillance of HIV in the Department of Public Health in Dublin identified an increase in the number of acute cases of HIV among PWID [people who inject drugs]" (Health Protection Surveillance Centre, 2018, pp. 23).

However, according to my interviewee Erin Nugent, who works at the support center HIV Ireland, the group of people who get infected while injecting drugs is much smaller than the group of gay and bisexual men. What she observed was that a lot more migrants are seeking advice at the organization. However, she does not think that they are the reason for rising infections. Therefore, a study showed that a lot of migrants are contracting HIV in Ireland first.

Other reasons for the increasing HIV infections are mentioned in the newspaper article on thejournal.ie “Lynn Ruane: We can’t keep failing young people with inadequate sex education”, which provides a very significant angle for my project. It says that the Irish record on sex and relationship education is poor. Ruane explains that the widespread religious patronage causes the problem that for many people sex education is only delivered with a Catholic ethos (Ruane, 2019). To read this prior to my interviews made it very interesting to hear what HIV positive people actually say about their own sex education. Moreover, I spoke to Irish students, parents, and teachers who confirmed this theory.

The article by Ruane also shortly mentions ideas that can be done to prevent the disease. The newspaper article “PrEP program to reduce HIV rates to be rolled out fully in 2020”, focuses on this issue. It says that the government will fully roll-out public-access programs for the so-called pre-exposure-prophylaxis (PrEP) to reduce HIV infections (Daly, 2019). My interviews with HIV positive people as well as experts from HIV Ireland gave some more ideas what to do for prevention such as delivering major awareness campaigns but also made clear that there needs to be a change in sex education and in general a better education about HIV, especially for workers in the health sector.

General information and history

To get an overall understanding of the disease and its history the book “HIV/Aids in the past-HAART Era. Manifestions, Treatment and Epidemiology” is very helpful. It gives general information about the history, the disease, and its treatment as well as the relation between AIDS and society (Hall et al., 2011). That is also the topic of the book “HIV essentials” (Sax et al., 2008), which provided some more basic information about the disease prior to the interviews. To understand the history and progression of HIV it is very important to comprehend the current developments of it. However, both books do not provide any information about the disease in Ireland in particular. Details about that can be found in “Alcohol, Drugs and health promotion in modern Ireland”. The author here focuses on the history of AIDS in Ireland and how the country was coping with HIV from 1986 to 1996. Furthermore, she already mentions a relation between HIV and drugs for this time. “Ireland was compelled to question this absolutist to fundamentalist rejection of drugs, once the connection between HIV transmission and needle sharing between intravenous drug users began to become clear in the mid-1980s.” (Butler, 2002, p. 173).

That is quite interesting because it shows that this is not only a current development and might explain the status of the disease nowadays. My interview with Franziska Geis, who is researching in the field of HIV, gave me some additional information about the history, the virus itself, and medical aspects like transmission and medication. It was made clear that one of the main ways of infection is unprotected sexual activity, which supports my other findings. Regarding COVID-19 it was important to hear that infected people who are on medication are not more at risk than other people and to compare HIV to SARS-COV-2 in general, as they are both described as pandemics.

Women and HIV

To give the research another angle before starting the project, I also got some information about HIV and women in particular. Whereas in most studies, articles and books mainly men are mentioned, two sources can be found that concentrate on women and HIV. One of them is "Women and Substance Misuse. Drug Misuse and Women's Health in Ireland". The study concentrates on the consequences of drug misuse for women and says that their "risk is also higher, however, because they are more likely to have sexual partners who also inject drugs, and often do not use condoms with their partners" (The Women's Health Council, 2009, p. 14). Similar information that focuses especially on women and the disease can be found in "AIDS: Women, Drugs and Social Care", (Dorn, Henderson, South, 1992). The fact that this book is from the year 1992 can be helpful because it provides another perspective on the topic. In the practical part of my dissertation women are included as my interviewees, which makes it more important to get some general information about women and HIV. Despite the two sources that are listed above, this angle is rare to find in the literature of HIV. But that did not interfere with my project because it turned out not to be a big part of it.

Moreover, while I was searching for interviewees unfortunately only men were willing to share their stories. That might reflect the fact that most men who have sex with men get infected with HIV. This is confirmed by Adam Shanley from HIV Ireland. However, he mentions that there is quite a considerable number of women getting infected which, according to him, is often underestimated.

Impact on infected people

Some people who get the diagnosis of HIV describe it as a “devastating experience” (HIV Ireland, 2017, p.4). As the stigma has a big impact on how people think about themselves and others, it is very important to consider this part of the life of an HIV infected person in the project. According to the report “HIV in Ireland 2017” which includes findings from the “National HIV Knowledge and Attitudes Survey 2017” and “People Living with HIV. Stigma Survey 2017”, researches show that “people who experience stigma are much more likely to feel unworthy and unvalued than those who do not” (HIV Ireland, 2017, p.4).

Moreover, a survey of 168 people in Ireland living with HIV shows that 71 percent of them have disclosed their HIV status to all of their partners, 66 percent to their friends, and 59 percent to their immediate family. However, 61 percent of HIV infected people have not disclosed their disease at all because they are afraid that they will be judged or treated differently. Moreover, 88 percent had the experience that people think it is shameful to have HIV and 61 percent fear to be rejected in a personal relationship as a consequence of their infection (HIV Ireland, 2017). This information is important for the project in the sense that it shows several emotional and psychological impacts the disease may have on infected people which plays a significant role in my intimate and sensitive interviews.

My interview with Erin Nugent also made clear that there had always been discrimination but that today more affected people are coming forward. Because nowadays HIV positive people can be treated and people rarely show the symptoms in their appearance, stigmatization is mostly happening within the healthcare sector Nugent noted. That is confirmed by one of my interviewees, Michael McFarland Campbell, who experienced discrimination twice since he has been diagnosed, both from hospital staff.

Sex Education in Irish schools

In April 2018 a review of Relationships and Sexuality Education (RSE) in schools across all stages of education, which has been directed by the Minister for Education and Skills Richards Bruton, showed that most students’ needs are not being met through how sex education is currently taught in Ireland. Quotes of students who were interviewed for the report are for example: “Felt it was done quickly just to get it done” and “RSE is something we should be doing but isn’t done”. Most of them said that their sex education was limited

to a narrow range of topics and overly influenced by teachers selecting topics that they felt most comfortable with (Keating et al., 2018).

An article in the Irish Times from April 2019 also mentions that pupils “in most cases say they receive little information about sexual consent, LGBT issues or the positive aspects of relationships” (O’Brien, 2019).

My interviews with two students, a mother and a teacher confirmed the current situation mentioned above. In summary, they think it depends very much on the teacher and that the influence of Catholicism in Ireland still plays a major role in how sex education is currently taught. Moreover, the mother of a 14-year-old girl, Deborah Carr noticed that sex education in Irish schools did not improve at all within the past 30 years.

CHAPTER THREE: CONSTRUCTING/DESIGNING THE PRODUCT

As already mentioned in the introduction, my dissertation is a multi-media project, consisting of a long-form feature article, a video, photographs, and a podcast. The following chapter will describe in detail why I chose this approach to the topic of HIV in Ireland. Furthermore, I will shortly introduce my interviewees, explain why and how I contacted them, and give an insight into how the interviews went, especially regarding the circumstances due to Coronavirus.

In 2017 one in two adults in Ireland still read the newspaper and according to a study of iReach Insights, a market research agency based in Blackrock, 73 percent of them prefer to read print rather than digital. The study also says that 55 percent of people in Ireland enjoy reading a lot, 30 percent a bit, 26 percent read sometimes and 19 percent read rarely or never because they don't like reading (McHugh, 2017). This is the reason why my project includes an article that is being presented online as well as in print format. Furthermore, it gives the opportunity to express in-depth and personal stories of my interviewees supplemented with well-researched facts and figures about HIV and especially reasons for rising infections.

Part of an article is always photographs. Because social distancing to contain the spread of Coronavirus made it difficult to do my originally planned photo documentary, I decided to take a symbolic photograph and use images of diagrams that display the HIV infection rates in Ireland.

To additionally visualize the article, part of the project is a video, created in the style of the shorter form - Mobile Journalism. This new kind of producing content describes a journalistic practice, done by reporters equipped with "highly portable multimedia newsgathering equipment" (Cameron, 2011, p. 1). With video as an important part of this new kind of journalism, it takes up the personal stories of my article, gives the interviewees a face, and makes the whole story even more approachable.

While choosing this format it has also been considered that mobile video consumption is rising every year. In 2017 a study by the social analytics firm Quintly showed that posting videos results in significantly higher and longer engagement of the user than only having text and photos (Herrmann, 2017).

The podcast picks up medical expertise about HIV to give the user of the project additional information about the disease itself. That makes it easier and more interesting to read the article and watch the video. Johnson and McClung define podcasts as “audio and video files that can be downloaded to a desktop computer, iPod, or other portable media player for playback later.” This kind of medium is included in the project because although it is a relatively new technology, it changes the way people interact with media. Because they can be downloaded people can listen to them when- and wherever they want to (Johnson, McClung, 2010, p. 82). Furthermore, the audience for podcasts on news websites are expanding hugely. The Irish Examiner wrote in June 2019 that one in three Irish people listen to a podcast every month. According to that, the country has the third-highest amount of podcast users in the world after South Korea and Spain (Kelleher, 2019).

Article

Aims

Although podcasts and videos are getting more popular, especially in Ireland a lot of people still prefer reading their news, whether online or in print. That is the reason why an article is the main part of my project, supplemented by images, a video, and a podcast. This long-form feature is approximately 3000 words, telling personal stories of two HIV positive Irishmen, but also includes facts and figures about rising infection rates in Ireland. On the basis of interviews with infected people, experts from HIV Ireland, a teacher, student, and a mother, reasons for increasing diagnoses are analyzed and one particular is highlighted and discussed. Therefore, the aim of the article is to be a piece with in-depth research about HIV, packaged in a well-readable feature with various interviewees.

Technical Design

After I collected all the information I wanted to use for the article, I created a provisional structure with possible transitions from one to another paragraph to avoid mixing-up different topics. With the number of interviews, facts, and figures I had, that was sometimes difficult. The beginning of my article is supposed to pull the reader into the story so I decided to start with the personal story of one of my HIV positive interviewees. What follows is a mixture of facts and figures about HIV in Ireland and personal stories, to provide a lot of information and an enjoyable text at the same time.

Video

Aims

Nowadays almost every article that is printed, is also published online. Moreover, there are articles that are only being published on the website of a newspaper. This new kind of presentation gives the opportunity to visualize the text with videos, additionally to photographs.

With the video in my project, I'm not only aiming to get a bigger audience for the project but also give the topic of HIV in Ireland another angle. While the article analysis reasons for rising infections and the podcast focusses on medical information, the video picks up the personal story of an HIV positive Irish man. Additionally, it provides a general overview of the current numbers, main transmission ways, and how the country thinks about people with the disease. Consequently, it is not picking up the same questions asked in the article and video but rather provides a brief overview and gives the interviewees a face.

Technical Design

I used the interview with Conor McCarthy and the two experts from HIV Ireland, Erin Nugent, and Adam Shanley. Originally I planned to do my interviews in person, record them for my article and make notes on what parts of it I want to use for my video. Subsequently, I would have asked my interviewees to repeat the answers I found most interesting and appropriate for my video. However, due to Coronavirus I was not able to see my interviewees personally and had to conduct the meetings via Zoom. Luckily, the online communication platform has the feature to record the whole meeting with sound and video. I decided to record the whole meeting in one piece and cut it afterward. That is why I went through the whole recording and made notes on the parts I might want to use in my final video. The interviews are connected with B-Roll of Conor McCarthy, that he sent me because I could not do it myself. Additionally, I went to the HIV Ireland office and the city centre as soon as I was back in Dublin to film some more B-Roll for the background of my facts and figures.

For editing, I used iMovie, a video editing software application developed by Apple for macOS and iOS devices. After I decided on a structure I added all the sequences to the timeline and added a short intro and outro. The video starts with Conor doing push-ups and talking about his good health. I decided to start with something positive to have an-

other angle than that of a suffering HIV positive person. However, later in the video, he talks about what he is struggling with even his life did not really change because I also wanted to show the difficult side. In between the interview sections, I added the B-Roll Conor send me and partly underlay it with Sean talking. That can be done by adding a second timeline just for the audio.

To give general information about the situation of HIV in Ireland, I included my interview with Adam, who explains the current numbers of new diagnoses. To visualize the figures while he is explaining them, I created a document in keynotes, wrote the information on a green background, and exported the file as a film. Afterward, I imported it in iMovie and chose the setting „Green/Bluescreen“ so in the final video the text I created in keynotes appears on my B-Roll. Later in the video, I did the same with information about ways of transmission.

Finally, I added some music with which I underlined the B-Roll that shows Conor. I chose the slow song „Hannah’s Song“ because of the serious topic but at the same time I did not want it to sound too melancholic. For the parts where I included facts and figures, I chose the simple electronic sound of „Stranger Danger“ as it fits the appearing information. Both songs were downloaded from the YouTube library and can be used without credits.

Below is a table of the songs used in the video:

Hannah’s Song	Ambient / Romantic	Free audio (YouTube library)
Stanger Danger	Dance / Electronic	Free audio (YouTube library)

Podcast

Aims

As mentioned above podcasts are increasing in popularity, especially in Ireland. In this project, the audio is seen as an opportunity to approach a topic that is related to the actual subject of the dissertation without giving it only one sentence in the article or video. Because I wanted to explain HIV more in detail to make it easier to understand the rest of the project, I decided to focus on the history and medical aspects of the disease. It is exclu-

sively a dialog with the researcher Franziska Geis because it functions as an additional source of information and the aim was not to repeat the stories of the article and video. Furthermore, I found it very interesting to connect HIV with the pandemic the world is currently fighting, namely Sars-Coronavirus-2.

Technical Design

Social distancing due to Coronavirus made it necessary to conduct the interview via Zoom. After I talked to Franziska about what she is exactly doing in her research and explained my project we met in a Zoom meeting a few weeks later. To make it easier for Franziska and give her the opportunity to prepare herself I sent her the topics I want to talk about prior to the interview.

Because I wanted to use the audio for my podcast and also have the possibility to use the interview for the video, I recorded the entire Zoom meeting and additionally put my phone on a tripod to film my laptop and have another angle.

After I talked Franziska through the structure we started our dialog and tried to have the whole interview in one piece. Unfortunately, due to a slow connection, there was an overlapping of Franziska and me sometimes, so parts of the dialog were not audible anymore. Also, Franziska came back to me because she was not happy with her performance either. That is why we set up a second Zoom meeting. To be safe this time I borrowed a Zoom H4N Pro recorder from the local broadcasting station in my hometown. I put the device next to my laptop and asked Franziska to say a few sentences while I was watching the tone curve. After this was set up we went through the whole interview in one piece, including the greeting and saying goodbye. Furthermore, the second try gave me the opportunity to supplement my questions as I knew the approximate answers of Franziska. That made it easier to talk through it as a dialog, as this is more the style of a podcast and easier to listen to.

Although this time the recording of Zoom was good I decided to use the audio of the recording device as the quality was much better. After I recorded my intro and outro of the podcast, the next step was to cut the audio and put everything together with music and jingles in between. For that, I used the audio editor program Audacity because I'm familiar with the program as I worked with it before in college classes.

From the YouTube media library, I downloaded the song “Flight To Tunisia” and used it to start the podcast before I let it fade out to start my recorded intro to the podcast in general. After that, I talk about HIV in particular to give some first information about the disease. For this part and the actual dialog with Franziska, I decided not to use music as it is a serious and sensitive topic and I don't want the listener to get distracted by any other sound. Before and after the interview, however, I added the song “Acid” to have a nice transition from intro to interview and eventually to the outro and make clear where the actual dialog starts and ends. For the same reason, I used the same song I chose for the beginning and the end of the podcast and let it fade out. To have the possibility to put music under the spoken part and let it fade in and out, I created two paths in Audacity, one for spoken audio and the other one for music.

After I put everything together I had to modify the volume of the different parts to each other as for example the recording of my intro and outro were a little bit louder than the interview. I did this by selecting the part of the audio I wanted to change and used the bass and treble boost. Important with this tool is not to overdo it as parts of the audio might get overmodulated otherwise. Also, I wanted to remove a little bit of the noise in the recording of my interview which is possible in Audacity by selecting the part with too much noise and using the noise removal tool. However, it is essential to have a good balance because otherwise, the voices sound unnatural. For achieving that I selected a short piece of the audio where only background noises can be heard and used the noise profile tool which automatically finds out how much of the noises have to be removed.

In the end, I moved to start and ending points of the music until they were in the right place with the audio of Franziska and me speaking and finally, listened to the whole podcast a few times to make sure everything fits together.

Below is a table of the songs used in the podcast:

“Flight To Tunisia”	Hip Hop / Rap	Free audio (YouTube library)
“Acid”	Dance / Electro	Free audio (YouTube library)

Images

Although I was not able to do a proper photo documentary anymore, I wanted to include some images to my project as they are part of every published article nowadays. Besides diagrams and charts that I created with the online platform Canvas, I decided to take a symbolic photo of the red ribbon, that is automatically associated with HIV. Additionally, I took photos of the office of HIV Ireland, as it is an important part and source of my project and reflects what it is about. However, it is better and more interesting for the reader to include photographs of people. Because I could not take photos of my interviewees, I used one of former Taoiseach Leo Varadkar and others at an HIV Ireland event for the website. Also, I included photographs of my interviewees Adam and Erin, which they sent to me.

Website & InDesign

As the project is supposed to show how journalism is implemented in several ways nowadays, I created a PDF for the print part as well as a website for the online presence. The PDF is created in InDesign and is in the style of a magazine page as we learned in the media design and production class. I built a master page to which I applied all the fundamental settings like fonts and the basic design of the document first so they are transferred to all my pages automatically. After that, I copied text and photos into the document and gave it the last fine-tuning.

In general, the PDF has a different design than the website, however, some components can be found in both parts of the project.

The Website, which is created with the free platform WordPress, starts with the category HIV: Overview, causes, symptoms, and treatments to give the viewer basic information and make the article, video, and podcast easier to understand. Besides seeing the article, video, and podcast on separate pages, there is also the opportunity to view and download the PDF document. The category "The Project and Me" gives more information about myself, how and why I did this project, and several ways to contact me are presented. The design of the website is simple but to make it a bit out-standing I decided to invert the background and font color. My photograph of the red ribbon in the header adds some color to the website that is picked up for example in the graphical editing of the article.

This is the link for the website: <https://hivireland.wordpress.com>.

Interviewees

My interviewees are with three HIV positive Irish men, two experts from HIV Ireland, and a woman who is doing research in the field of HIV in New York. Furthermore, I spoke to Irish students, a mother, a teacher and an Educate Together school about how sex education is conducted.

Whereas the HIV infected men told me their personal stories, experiences with stigmatization and their opinion about sex education and prevention of HIV, the interviewees from HIV Ireland provided facts and figures as well as reasons for increasing infections based on that. To understand the medical component I interviewed a researcher and used this for my podcast, in which I give additional information about HIV which makes it easier to understand the article and the video. The interviews about sex education were necessary as soon as it became clear that the lack of talk and information about HIV and other STIs is one of the main reason for rising infections. Because the interviews were the main and most important part of my work, I will explain ethical and technical decisions I've made more detailed.

The research and production of my article falls into the category of qualitative research since it is described as a "strategy that emphasizes words" (Bryman, 2008, p. 366). Moreover, qualitative research is separated in inductivist (describes the inductive view of the relationship between theory and research), constructionist (the assumption that social characteristics are the outcomes of the interaction between individuals) and "interpretivist" (the investigation of social constructs with the interpretation of the people who live in it) (Bryman, 2008, p. 366).

The two main research methods that are associated with qualitative research are focus groups and interviews. The latter includes thereby different interviewing styles (Bryman, 2008). There are a lot of advantages of qualitative research and especially interviewing, namely the flexibility to decide about the questions in the situation itself, the possibility to observe nonverbal behavior of the interviewee, having control over the environment where the interview is set up and the chance to record spontaneous answers (Bailey, 1994). Interviews can be conducted in several ways. It can be "structured", "unstructured", "semi-structured", "one-to-one" or as a group (Denscombe, 2010, pp.166-167). However, I deci-

ded to do a semi-structured interview. This means that I had a list of issues and questions to address but that I was also flexible to reorder my questions and to react spontaneously on things my interviewee said. That made it possible to speak more widely about the topic and get some more in-depth responses (Denscombe, 2010). Apart from that my interviews were conducted in a one-on-one situation since this is the most common form and easy to arrange.

But there is also the critique that qualitative research is too subjective and that interviews with just a small number of people might generalize one topic (Bryman, 2008). However, that is not a problem in my case as my final product is an article and not a study or another academic work. Therefore it is okay to rely on the information from just a small number of people. Moreover with interviewing I will get detailed information that I need to make my story personal and interesting (Denscombe, 2010). Also, the emotions, feelings, and experiences of my interviewee are needed and important. As HIV is a sensitive and very personal issue an interview is a good possibility to speak about that and get information that only the interviewee has, like personal stories and experiences (Denscombe, 2010).

But precisely because it is such an intimate and sensitive issue the interviews had to be prepared and planned very well. One point that I had to remember is that every person has several different selves. How someone acts depends on the counterpart and the group she or he belongs to. The primary group includes family and people who know each other intimately and the interaction is emotional. The secondary group is usually more functional than emotional and the interaction is more likely to be polite and reserved (Bailey, 1994). That means that I as the interviewer have to build trust during the conversation. That includes telling who exactly I am and what I'm doing the interview for to stimulate interest (Bailey, 1994) as well as telling the person I speak to why she or he was chosen for the interview. Furthermore, it is important to start the interaction in a positive and friendly way (Bailey, 1994).

Each interview had its own purpose that can be broken down into the following sections:

Michael McFarland-Campbell	Article	Personal story & sex education
Conor McCarthy*	Article & Video	Personal story & sex education
Erin Nugent	Article & Video	HIV in Ireland (reasons for rising infections)
Adam Shanley	Article & Video	HIV in Ireland (reasons for rising infections)
Franziska Geis	Podcast	Overview of HIV
Deborah and Aimee Carr	Article	Sex education
Anne Howard	Article	Sex education

*real name protected

Michael McFarland Campbell

My first interviewee was Michael McFarland Campbell, a 42-year-old man, living in county Laois. I came across his Facebook profile when I was looking for groups for HIV positive people on the social media platform.

Michael has known that he is HIV positive since 2009 when an old friend called and told him, that he has been tested positive. Although Michael describes his first feeling when he got the diagnosis as being “numb” it was not a big shock for him. Now living with his husband and being on medication he can not say that his life changed a lot since the diagnosis. Interesting in this interview was that the only stigmatization he experienced happened in the healthcare section, which later has been confirmed during my interview with Erin Nugent from HIV Ireland. Although Michael does not think that better sex education would have prevented him from getting infected. However, he says that “there is a general education problem.” Moreover, the Irish man is sure that catholic pathos and the influence of the Catholic Church on schools are the main problems.

Conor McCarthy (real name protected)

My second HIV positive interviewee got his diagnosis only 9 months prior to our interview. He immediately knew when he got infected, namely a few weeks before the test. Other than my other interviewees, Conor is heterosexual and got infected by a woman. Conor is not scared of the disease itself, he only takes one tablet a day and is very healthy, but of being stigmatized and discriminated against. Although he did not get any

sex education in school he thinks a better education would not have helped him not to get infected. Regarding the sex education of his 15-year-old son he noticed that it is not very good and that he gets most of his knowledge from the internet.

Erin Nugent

Erin Nugent works as community support and testing services manager at the non-profit organization HIV Ireland. Because she has been working in the field for 27 years, the Irish woman was able to give a lot of expertise around changes regarding HIV infections in Ireland, discrimination, prevention, and sex education. Interesting in this interview was that according to Erin more HIV positive people are coming out in the past years. She points out that the biggest change regarding her clients has been the number of migrants she is seeing nowadays. However, she says the rising numbers of migrants are not the reason for the rising infection. Where she also sees a big problem is in education, as there is no standardized system of how sex education is taught in schools.

Adam Shanley

Adam Shanley is another expert from HIV Ireland. However, as he is the program manager for the MPOWER program, which aims to respond to the sexual health and wellbeing needs of gay and bisexual men, the focus in this interview is different from the one with Erin Nugent.

After Adam told me about current numbers of infections we talked about possible reasons for that. He again confirmed that especially the lack of sex education and religion in Ireland have a big impact on increasing infections. However, he also mentioned the importance of increased and improved testing. But although it has developed, according to Adam doing much more testing is a key element of better prevention of HIV in the future.

Franziska Geis

Franziska Geis is a 32-year-old German woman, who studied biology, biomedical sciences and did her Ph.D. in Germany before she went to New York in 2017 to do basic research in the field of HIV at Columbia University. A friend of my parents mentioned her work when I was talking to her about my dissertation. Shortly after that, I decided that she is a good interviewee with all her expertise and contacted her via e-mail.

In the interview for the podcast, she talks about medical aspects of HIV, how the virus can not and actually can be transmitted, and explains impacts and similarities of and to Sars-

Coronavirus-2. This information especially about the danger and transmission routes of HIV is very important to understand rising infections in Ireland.

Aimee and Deborah Carr

Deborah Carr and her daughter both experienced their sex education in Irish schools. Both are personal contacts of mine. Whereas Deborah experienced it 30 years ago, her 14-year-old daughter is currently in the stage of getting in contact with the topic in school for the first time. Although there lies a big gap between the sex education of both, Deborah thinks it did not improve at all.

Important while talking to Aimee was not only to find out how she is experiencing sex education but also if she thinks there is a problem with that and what could be done better in her opinion, especially regarding HIV and other STIs.

Anne Howard

Anne Howard is teaching sex education in a pre-primary school in Dublin's South and gives a very good insight in how the topic is actually taught, gives an example of how it can be addressed in another and more modern way and adds the opinion of a person from the occupation that is partly blamed for the failing sex education. I got her contact through Teachers Union Ireland.

Ethical considerations

Especially because the topic of this project is very sensitive and intimate I had to consider potential challenges regarding access to possible interviewees. However, I found five HIV positive people via Facebook and Twitter, of which two eventually agreed to be interviewed. As there is an interest on the part of the infected people to let the society know and build awareness about their disease, there were people who were willing to share their personal stories. Nevertheless, I still kept in mind that in particular when it comes to video they might reject and not be willing to give their consent. To avoid issues like that it is important to clarify from the beginning of the contact what the aims of the product are and that it includes a video. Moreover, the sensitivity of the subject makes it necessary for the interviewer to become involved in the conversations and respond with feelings.

For the originally planned interview in person that would have meant to arrange the right settings for the appointment, so to find a room with enough privacy, where the interviewee feels comfortable. Although I was worried at the beginning that it will be difficult to talk to a stranger about a sensitive topic via Zoom, it actually might have been an advantage regarding the feelings of the interviewees as they were at home in a place where they feel safe and comfortable. That makes it easier to talk about a personal and sensitive topic like an HIV infection. The sensitive topic makes it necessary to become fully involved in the interview but not just as the interviewer or reporter but as a person with feelings. I showed my counterpart that I respond with feelings and engaged them in an authentic and honest dialog (Denscombe, 2010). Usually, also the location for the interview is important to gain trust. Enough privacy and good acoustic should be ensured during the whole interview (Denscombe, 2010, p.173). However, because of Coronavirus, the interviews had to be done via zoom. First I was worried because of the physical distance and barrier that arises when speaking through a technical medium. In the end, I do not think it changed the result of the interviews. The experts from HIV Ireland as well as the HIV positive interviewees were still very open and willing to answer all my questions.

To be on the safe side with publishing this sensitive information, I sent a release form to all of my interviewees as soon as I finished the project. Unfortunately, Conor McCarthy did not reply to my request. However, because he agreed with using his quotes and video in Facebook messenger before, I decided to use the content anyway.

Changes due to Coronavirus

In March 2020 the whole world stopped turning. Schools, colleges, and shops were shut down, countries closed their borders - due to the rapid spread of the virus Sars-Cov-2. Luckily, Griffith College managed in the middle of the semester to switch immediately from class on campus to online classes.

However, these unexpected developments made it necessary to adapt the methodology of my dissertation to new circumstances which included social distancing regulations. Moreover, I made the difficult decision to go back to my home-country Germany for some time. My originally planned dissertation consisted of an article, photo documentary, and video. That meant that I had to change at least one part of the project, namely the photo documentary because I was not able to take photos of my interviewees anymore. However, because every article has photographs attached I took a symbolic photo and created diagrams and charts instead to visualize the article. I went back to Dublin at the end of June so I was able to take photos of the HIV office from outside as well.

To compensate for the dropped photo documentary I decided to create a podcast as it is an opportunity of adding more information to the article and video without just having a second written piece.

Another issue was the video, as I planned to film one or two of my HIV positive interviewees in their everyday life. However, after I talked to my supervisor, we decided to still do the video as it was no problem to record the interviews via Zoom. For the B-Roll, I changed the original plan from filming the protagonists myself to ask them to record short videos of themselves or ask someone who is living with them and send the sequences to me. To help with conducting that I send them a YouTube video from the Guardian about growing old with HIV I oriented my work towards. Furthermore, I made suggestions in which situations they can film themselves, for example reading a book, cooking, doing their hobby, or just sitting on a bench. That part was still a bit problematic because only Conor got back to me with three very shaky sequences of low quality. Because of that and to have a variety of sequences, I filmed the HIV office from outside and included some facts and figure about HIV in Ireland in the video.

Other than these changes it was no problem at all to conduct the interviews via Zoom. In the beginning, I was a bit worried that it might be difficult to speak to a complete stranger

that I have never met before about a very sensitive topic like HIV via video conference and not in person. However, these worries were unfounded. The technical, as well as personal aspects of conducting the interviews, were no problem at all.

DISCUSSION

When we had to decide on a dissertation topic for me it was clear, that I want to do a practical dissertation, because I saw it as an opportunity to show that I can implement what I learned in college classes to other topics independently. Moreover, as I am planning to work as a journalist for a newspaper or radio station, the project can be used for job applications.

I came across the subject of HIV in Ireland while I was reading the news. An article in the Irish Times (Ruane, 2019) dealt with the rising infections in Ireland and pointed out that new diagnoses are increasing in the country whereas they are decreasing in the rest of Europe. However, the article was relatively short and only consisted of facts and figures but no personal stories.

This and the development that journalism has become more multimedia and one person has to produce content in several ways (print, online, video, photography, audio) gave me the idea to create a multi-media project about HIV in Ireland with a wide range of interviews, facts and figures.

I submitted my final proposal on the 22nd of January 2020. It outlined the project idea, a broad range of readings I planned to do to be prepared for the interviews as well as a detailed technical design, which included ethical considerations that play a big role in my dissertation as it is about a sensitive topic.

After some forth and back I was allocated to my supervisor Ryan Brennan on the 16th of April. Because of Coronavirus, I went back to Germany at the end of March and therefore had to change parts of my project. In the first Zoom meeting with Ryan on the 28th of April, we agreed that instead of the photo documentary I produce an interactive InDesign document to add another class I had in college. Other than that I stuck to the original plan with the only adjustment that the interviews were conducted via Zoom.

My first interview was with Michael McFarland Campbell on the 27th of May. After we solved some technical issues due to a bad internet connection we talked for one hour. McFarland Campbell gave me a lot of information about his personal story but also pointed-out what he thinks reasons for rising infections are.

The second and third interviews were with Erin Nugent and Adam Shanley, who are both working with HIV Ireland and gave a lot of basic information about the current status of HIV on the island.

On the 10th of June, I interviewed and created the podcast with the German researcher Franziska Geis. She gave an overview of several aspects of the disease and to make it up-to-date, brought it in connection with Sars-Cov-2. However, because there were technical issues with the recording we did the interview again on the 16th of June. In the meantime, I had another meeting with Ryan where I updated him with my progress and discussed the next steps.

The last interview I had before I started to create the project was with Conor McCarthy on the 15th of June. He was very open and talked to me about his personal story with contracting HIV for about 30 minutes. He also filmed short sequences that I could use for my video. However, he later asked me to change his name and make him unrecognizable in the video.

The correspondences with the daughter, mother, and teacher and Educate Together school had taken place before because I already used that information for another assignment.

Prior to the third meeting with Ryan on the 17th of July I sent him all the content I already had at this time. In the meeting, he gave me very constructive criticism about changes I could make before submission. The last meeting was on the 28th of July to review the whole project one last time before submission.

Overall, I was very pleased with my interviewees as they were all very friendly, helpful, and provided me with a lot of interesting information.

The e-mail correspondence and meetings with Ryan were extremely helpful. While he always made suggestions on how to conduct the project, he didn't try to push me in one direction and was always open for my ideas.

CONCLUSION

In my home country Germany, every student learns about HIV in school. But after sex education, no one really seems to talk about the pandemic that is still there. When I was talking to Michael McFarland Campbell and he stressed the necessity of getting tested, he asked me if I have ever done an HIV test – the answer was no. For the first time, I was talking to my friends about this topic. None of them had ever done, not even thought about getting tested. Whereas everyone thinks about contraception in terms of pregnancy, there are still a lot of people who have one-night-stands, don't use condoms and therefore not only take the risk of getting HIV but also other STIs.

HIV is not only a disease from the 1980s of which famous gay people like Freddie Mercury died and that doesn't exist anymore. At the same time, it has to be mentioned that major developments in medication and treatments. That makes it even more interesting why infections are still increasing in Ireland, a developed European country.

Starting my research I had two main reasons in mind, why new diagnoses in Ireland could be on the rise. One was the big amount of drug users that Dublin has, the other one was the lack of sex education. The former guess had quickly been debunked, as the experts from HIV Ireland explained that only 3 percent of new infections in 2018 were due to drug use. Moreover, they made it clear that this number is decreasing.

The second assumption, however, proved to be right. Articles, HIV Ireland, as well as all my other interviewees, confirmed that the lack of sex education in Ireland is a big problem. The root of it is the still strong catholic belief and its influence on most Irish schools. Additionally, my interviews made me aware of other reasons I didn't think of before, namely more and better testing and immigration.

However, it has to be mentioned that there has been a shift in the last 20 years. More and more schools, like Educate Together, trying to get away from that and conducting their own policy regarding sex education.

The process of designing and executing this product was not only educational because it gave me the opportunity to dive deep into and learn a lot about a very interesting topic that I never really dealt with before. Moreover, it helped me to reflect on and strengthen what I

learned in the master's program and even gave me the chance to prove that I can adapt my skills to different topics independently.

Therefore, it was the right decision to do a multi-media project instead of only focussing on one kind of journalism. Sometimes that made things difficult, not only with the circumstances that occurred through Covid-19 but also because I had to be careful not to repeat one story in every medium. But as working for a newspaper does not only mean writing articles any more, but also doing videos, podcasts, and photography and present it on several platforms, it was the right thing to do. I showed that I can adapt to technological developments as a journalist and therefore reach a very broad audience with only one story. While every single part has its own purpose, pieced together they result in one in-depth project.

That big newspapers work like that nowadays can be seen in the following news outlets:

[New York Times](#)

[The Guardian](#)

[Irish Times](#)

Besides the technical design of my dissertation, also the topic has been the right decision. For me, who has always been interested in medical topics, it was sometimes hard to stop reading about HIV and taking a break. But it's not only personal interest that influenced my choice. Moreover, I realized that HIV is a disease about which we should talk and educate a lot more. To bring the subject forward to the general public, the next step of developing a project like this would be to publish it in several news outlets. As I am already writing as a freelance journalist for a German newspaper, they will be my first point of contact. Moreover, it is a topic of interest for an Irish audience as well, so I am planning to pitch it to Irish news outlets.

APPENDICES

Appendix A

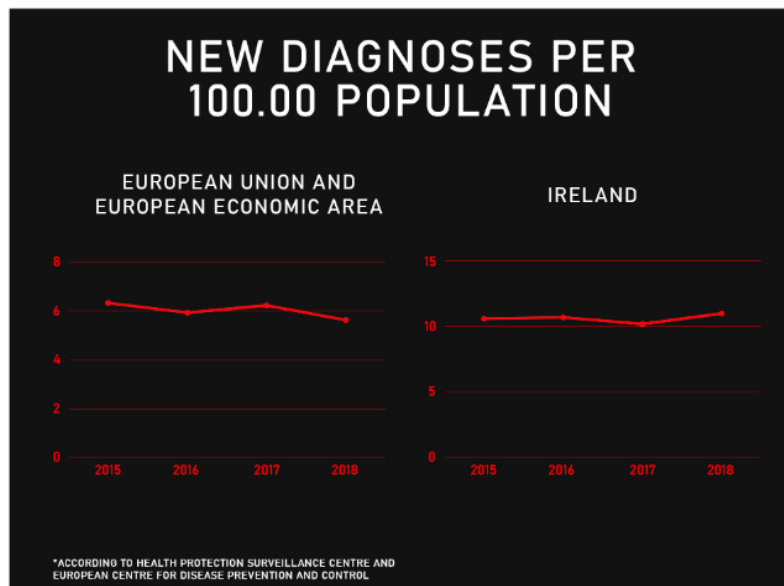
Longform Feature

“IRISH ARE NOT SUPPOSED TO ASK QUESTIONS ABOUT SEX”

HIV ON THE RISE: INFECTED MEN AND EXPERTS FROM THE ORGANIZATION HIV IRELAND TALK ABOUT THE INCREASING NUMBER OF DIAGNOSES IN IRELAND

Written by Pauline Martha Stahl

HIV infections are on the rise in Ireland, whereas they are decreasing in most European countries nowadays. What is mostly known as pandemic from the 1980s, a disease from which gay people like Queen-frontman Freddie Mercury died, is still an issue. Reasons for rising infections in Ireland are diverse but one, in particular, is outstanding: The country's inability to talk about sexuality.



Whereas new HIV infections are decreasing in most European countries, they are on the rise in Ireland.

Image: Pauline Martha Stahl

Enjoying the sun in his garden in county Laois, Michael McFarland Campbell is early for the Zoom meeting. Wearing a checkered shirt, the hair shaved-off, he is friendly smiling into the camera when the video call starts. In between the Irishman changes his location, he is more comfortable in the sitting room. What stays during the interview is his kindness and openness to talk about his condition: Michael is HIV positive.

Michael always knew he could get HIV. He was aware of how the virus is transmitted and that as a homosexual man he is even at higher risk of catching the disease than heterosexuals. Nevertheless, the Irishman slept with strangers – without using a condom. “I was depressed and found a quick and easy way to feel better in sleeping with pretty random guys and didn’t care whether they use protection or not because it got a buzz,” Michael says. “That is principally how I ended up positive.”

Therefore, the 42-year-old is one of the **estimated 7200 people** who were living with HIV in Ireland at the end of 2018. In that year 523 new diagnoses were made, which is an increase of seven percent to the year prior. **According to the European Centre for Disease Prevention and Control**, Ireland is among the seven European countries with a substantial increase in HIV infections in recent years. Whereas the number of new infections is decreasing in most European countries, it is on a significantly rise in Ireland.



Adam Shanley

“Statistics about Sexually Transmitted Diseases (STIs) have been thrown up in the air because of Coronavirus“, says Adam Shanley from the non-profit organization HIV Ireland. The young man is the project manager for the **MPower program**, which aims to respond to the sexual health and wellbeing needs of gay and bisexual man. According to him, services have been reduced dramatically or even shut down. That is why there has been only a small number of infections being recorded which is not truly reflective.

“But if we look back to the most recently completed data set last year, that showed HIV for the third or fourth year running having peaked over 500 new notifications in that year,” Shanley confirms. However, when examining these figures one has to differentiate. “That doesn’t mean all of them received the diagnosis for the first time but it was the first time

they registered in Ireland,” says Shanley. Therefore, a lot of gay and bisexual men arrive in Ireland from Latin-America where HIV is said to be more endemic.

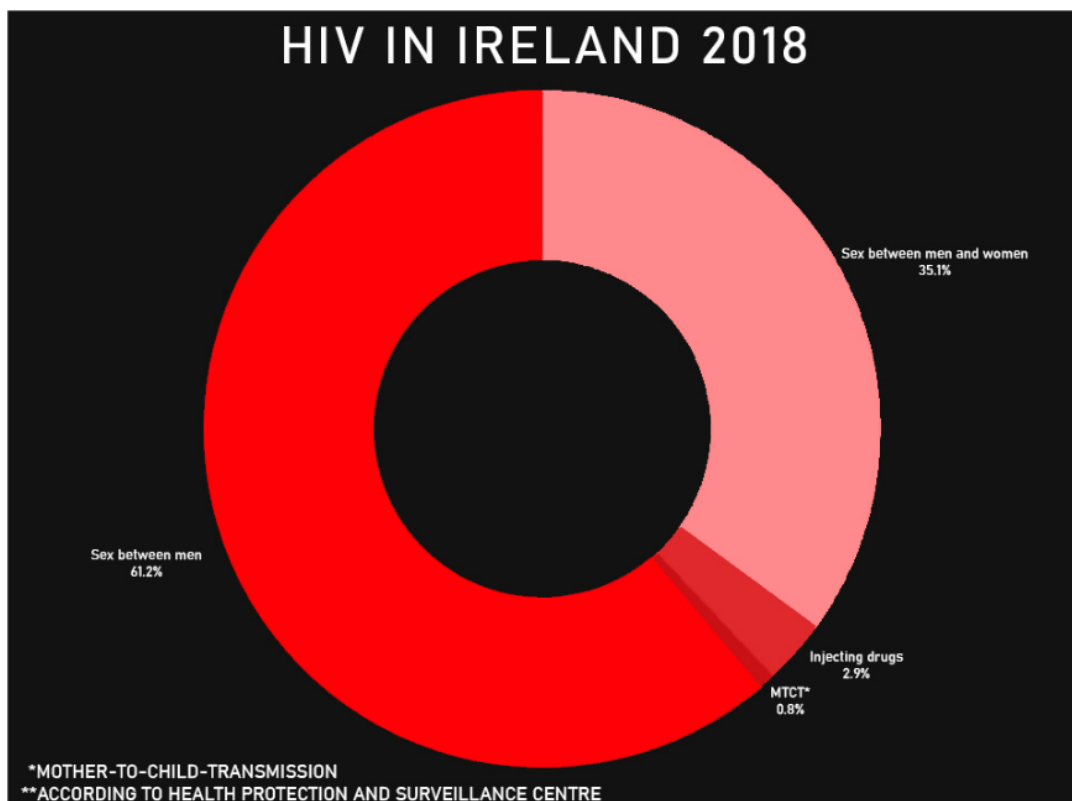
That assumption is underpinned by the latest data of the [Central Statistics Office](#). That shows that almost 90,000 people have immigrated to Ireland in the year up to April 2019. Only 26,900 of them were estimated to be Irish nationals. Of the new HIV diagnoses in 2018, 21 percent were born in Ireland, 71 percent abroad and eight percent didn’t have information on country of birth. According to the [Health Protection Surveillance Centre \(HPSC\)](#) 34 percent of them were born in sub-Saharan Africa, 36 percent were born in Latin America and the Caribbean, 9 percent were from countries in Central and Eastern Europe and 11percent from countries in Western Europe.

Erin Nugent is the community support and testing services manager at HIV Ireland. She has noticed that her clients have changed and a lot more migrants are seeking help at her organization in recent years. “Now the majority of people we deal with are probably migrants, but only a slight majority,” she says. However, migrants aren’t the reason for rising infections, at least, not according to Nugent, who has 27 years of experience under her belt. Shanley agrees. He says that there is still a considerable number of new diagnoses, “even if you take away those who transferred their care to Ireland.”



Erin Nugent

What the experts know is that even if everyone can get infected with the virus, there are certain groups that are more at risk than others. The [latest report](#) on HIV in Ireland showed that 56 percent of infections in 2018 were among men who have sex with men, heterosexual transmission accounted for 31 percent and three percent of new diagnoses were among people who inject drugs. “The group of infected drug users dropped dramatically”, says Shanley. The reason for that is the opportunity to access needle exchange. After initial concerns regarding the location, especially from local residents, Merchants Quay Dublin is now planning the first supervised drug injecting centre in the country. Drug users can go to the facility to inject substances under the supervision of a medical professional.



Men who have sex with men are at a high risk to get infected with HIV.

Image: Pauline Martha Stahl

As drug use turns out not to be a substantial reason for rising infections, other aspects should be taken into account. One is an improvement in testing over the past few years. “Nowadays, there are more services, more ways of accessing and interacting with them and quicker turn-around time,” says Shanley.

“This is not a death sentence, this is something else, it’s a life sentence.”

Michael McFarland-Campbell

The bigger problem is that even though the number of people being tested increased, it is still not enough. Michael only went to the hospital because an old friend told him about his HIV infection. After two tests the doctors confirmed in March 2009: The then-31-year-old man was HIV positive. “I was kind of numb,” he says, recalling the moment he got the diagnosis.

But at the same time, it wasn't a big shock for him: "I wasn't that surprised." Nevertheless, the first few months were tough. After his diagnosis, a friend took Michael to a support center in Belfast. "Meeting other people was great, it really helped because suddenly you weren't alone," says Michael. That was the moment he realized: "This is not a death sentence, this is something else, it's a life sentence."

At the time of his diagnosis, he was self-employed but doing a lot of work for one particular employer. After Michael told him about his disease, he still paid him even though he was not able to work. In the beginning, he had to take five pills a day. Soon side effects like general fatigue, diarrhea, and illness set in.

At one point, Michael even gave up on medication. "I just couldn't take it with all the side-effects," he says. But the hardest thing for him was to quit his job as a scout leader. As HIV attacks and weakens the immune system, the risk of being exposed to a lot of kids who could transmit other diseases was too high. "But that was the only thing that got stopped because of the diagnosis."

Now, the 42-year-old is a scout leader again, living in county Laois with his husband. "Back on diagnosis, I thought no-one would ever want to go out with me again." His smile reveals that he knows better now. He started to date his current partner in 2010 and things were going well. After they got to know each other a bit, he nervously told him about his HIV status. That was a big step for Michael. "You're always worried you might be rejected." But his now-husband surprised him with his reaction: "He just put his arms around me, gave me a big hug and said: What's the problem?"

But this is a response that can not be taken for granted. Michaels partner is an individual case that stands in comparison to many people who still think in stereotypes. He knew about HIV and possible ways of transmission. Also he was aware that when taking medication properly, the virus can be suppressed and the diseased person is not infectious anymore. However, Erin Nugent and her organization observed that while most people seem to understand that HIV is only transmitted via blood and other body fluids like semen and vaginal fluids, "they don't really know how they can not get it."

One question she still gets regularly is, for example, if someone can get infected when a diseased person spits at them or uses the same toilet. "There is probably a little bit of that

missing in terms of HIV education within the schools,” Nugent says. She notices that a lot of young people are unsure about how HIV is transmitted. “If the schools were really up and at-em about overall HIV education that was probably something we wouldn’t see.” Michael remembers his own sex-education in Northern-Ireland: “It was dreadful.” Even though they were told about the existence of HIV there was “no real talk about that or any of the other STIs.” For him, a boy who knew that he was not interested in girls by the age of nine, sex education didn’t help at all. His teacher said she couldn’t talk about gay sex because of [Section 28 in the Northern Ireland Act from 1988](#).

The part of the legislation said that local authorities “shall not intentionally promote homosexuality or publish material with the intention of promoting homosexuality” or “promote the teaching in any maintained school of the acceptability of homosexuality as a pretended family relationship.” But for Michael the cause lies elsewhere: “I think the predominance of one particular church and its influence in education is really what’s at the root of this problem.” He knows that the country is getting better. In the last ten years, Ireland has legalized both gay marriage and abortion. „But regarding sex education it got a bit lost“, is Michaels opinion.

“I’m scared to go to the hospital because I’m so ashamed of it.”

Conor McCarthy

That is also what Conor McCarthy* experiences with his two kids at the moment. One of them is 15 years old – an age where sex education usually is a thing. Conor is sure that his sons are up to date, know more about sex than he does. However, he doesn’t think that is due to good teachers: “I don’t think sex education here is good. I think they learn it from the internet.” Like Michael, the 52-year-old Conor lays the blame for such ignorance at the feet of the Irish school system. “Definitely it is because it’s Christian Brothers, it’s a Catholic school system.”

Although he knows that the topic is not covered properly in school, the Irishmen will not take on the job of the teacher. He will never talk about sexuality with his children. Neither in general, nor about his own positive HIV test, that he got in September 2019. Conor thinks that people in Ireland are not able to talk about sexuality. “Irish people aren’t supposed to be asking those questions about sex,” he says. “I think they are not able to do it, they don’t have the words.” As a result, Conor didn’t experience any sex education either.

However, he doesn't think to talk more about this topic would have prevented him from getting infected with HIV. "It was stupidity, no matter what education." Conor caught the virus on a weekend in Madrid. The woman he got it from didn't know she had it. He describes his diagnosis as the worst feeling of his life. "I wanted to kill myself." Conor, wearing a football jersey at the Zoom meeting, is into the recreational sport and in good health though.

All his life he was playing football, exercising every day. Only taking one pill in the morning, he has never had a cold or flu since he got diagnosed. That is due to the fact that he started to take his medication right after the prompt diagnosis. Nevertheless, the father of two children has since been fighting with depression. When he is telling his story, he smiles a lot, seems to be okay. But Conor is highly concerned – not about his physical health but being stigmatized or discriminated against: "I'm scared to go to the hospital because I'm so ashamed of it."

That is another reason why talking about this topic is so important, says Nugent. Whereas in the past a lot of discrimination happened in goods and services, for example, not being served in a pub, HIV positive people don't look sick anymore nowadays. That's why stigmatization now mostly happens within the healthcare sector.

According to Nugent, these are for example healthcare professionals who are unsure of what to do with somebody living with HIV. With HIV Ireland, she went to schools, talking about sex education. Being forced to teach the whole topic in only 40 minutes, they stopped that. Now Nugent is focusing on training people who work with young people. "It's really something we'd really like to see more standardized", she says. "Where everyone gets the same information and not only in 40 minutes so the teacher can tick it off at the end of the year and say I've done that."

That sex education is something that "is done quickly just to get it done" is also the impression of students that have been questioned for a [review of Relationship and Sexuality Education \(RSE\)](#) in schools across all stages of education, that has been directed by the Minister for Education and Skills Richard Burton in April 2018.

However, since then nothing has changed. There is still a [Relationship and Sexuality Education Policy Guideline](#), provided by the same department, whose purpose is to assist schools with the process of developing their policy for RSE. Moreover, the guide-lines are from 1997 and therefore completely outdated. Present topics like LGBTQ (an acronym for lesbian, gay, bisexual, transgender, queer) are not included.



Former Taoiseach Leo Varadkar at the Red Ball of HIV Ireland.

Photo: HIV Ireland

Attempts to change the conduct of sex education have a long history. According to an article in the Irish Times, the at-that-time Minister for Education, Gemma Hussey, already said in 1985 that there was a need for sex education. However, religious groups always opposed that idea.

Today, Section 4 of the [Rules and Programme for Secondary Schools](#) requires schools to have an agreed policy for RSE and a “suitable RSE program in place for all students at both junior and senior cycle,” says Paul Daly from the Department of Education and Skills. “It is the responsibility of the board of management to ensure that an RSE program is made available to all students.”

What sounds like guaranteed sex education in every school first, looks different when examining how it is actually implemented. Anne Howard is a post-primary teacher in a South Dublin school. According to her, sex education is done differently by individual teachers. “There is a huge diversity and that is a problem,” she says.

Aimee Carr, a student in another school, remembers a 30-minute chat about the topic when she was in 6th class: “We were split into groups so that the guys and girls wouldn’t be in the same room”, says the 14-year-old girl. Each group was shown a video about the reproductive system, that was it.

Currently, Carr still doesn’t have topics that teach her anything related to sex education. Only the science teacher told her class about the male and female reproductive system. But not a single word about safe sex and STIs. “We have only been taught about the basics. Like why we are going through puberty and why we can make babies,” says the teenager. Her mother, Deborah Carr, is shocked that apparently sex education hasn’t changed at all in the last 30 years. Back in her school days, a video of the reproductive system and how babies are made was the extent of the education: “We were definitely taught about it in a Catholic way.”

“A church that basically tells you that using a condom is a sin makes it difficult to teach about safer sex in general.”

Michael McFarland-Campbell

According to Shanley, that leads to many young people hearing the first time about STIs when they get their diagnosis for Gonorrhea. HIV aside, the infection is a prominent disease that is also on the rise in Ireland. According to a [report of the HPCS](#), Chlamydia and Gonorrhea infections increased by seven percent from 2017 to 2018. “The lack of inclusive and comprehensive sex education in Irish schools is undoubtedly a driver of HIV and STIs,” says Shanely.

Furthermore, he mentions that sexual health is not only about diseases but about sexual wellbeing, the realization that sex can be enjoyable. “If there is a lack of self-work or understanding it is not a surprise that young people start their sexual careers not knowing that they’re possibly doing harm to themselves or others unwittingly,” says the expert.

That is why the organization joins the queue of people trying to change sex education in Ireland. “We have advocated the government around inclusive sex education and they have made some steps but unfortunately religion still plays a huge part in our education system,” Stanley says.

Nevertheless, there has been a slight shift in sex education over the past years. One example is **Educate Together**, a special school form that describes itself as “a modern, dynamic charity that is redefining standards in inclusive, learner-centered education” and therefore differentiates from Catholic schools also in terms of sex education. “Educate Together believes it is not appropriate for a religious-run organization to deliver RSE in the context of an equality-based Educate Together school,” says Luke O’Shaughnessy, Communication and Advocacy Manager of Educate Together. He also says that although they don’t have any authority to require schools to deliver RSE in a specific way, they have written to all schools under its patronage to ensure that relationship and sexuality education is delivered free from religious bias.

Neither Michael nor Conor thinks that better and religious-free sex education would have helped them to avoid getting HIV. However, the two Irishmen as well as Shanley and Nugent from HIV Ireland think that not talking about sexuality and STIs is a driver for rising infection rates in Ireland. As such, the root of the problem appears to run much deeper, namely in the predominance of the Catholic Church and its influence in education – that is what talking to HIV-positive people, experts from HIV Ireland, teachers, and students revealed.

“A church that basically tells you that using a condom is a sin makes it difficult to teach about safer sex in general,” Michael summarizes. In his opinion, a general campaign about the disease is what the country needs. As HIV positive, who writes openly about his disease on a **blog** he notices that there is a huge lack of awareness. Incidents that make him aware of that are for example messages from men, asking him to stop taking his medication and having sex to pass the virus on to them. “I don’t know why but that happened to me many times“, the Irishman says, shrugging his shoulders in bafflement. His only assumption why people do that is that they don’t know what it actually means to live with HIV.



According to HIV Ireland the lack of sex education is a driver for STIs in Ireland.

Photo: Pauline Martha Stahl

What incredible incidents like these show is that it is important to breach the gap between HIV negative and positive people, says Shanley. “We all have a responsibility in stopping the transmission.” The biggest part of that is getting tested. It gives the negative the choice to stay negative and the positive the chance to get to know treatments, stay healthy, and protect others. If everyone knows their status, “everyone who is positive can take medication and after all of us die, there is no HIV”, says McFarland-Campbell. “It sounds simple, but it is. We just have to do it.”

*real name protected

Appendix B

Interactive PDF

Download: <https://hivireland.files.wordpress.com/2020/07/hiv-infections-on-the-rise-2.pdf>

HIV Infections On The Rise

"Irish people are not supposed to ask questions about sex"



HIV infections are on the rise in Ireland, whereas they are decreasing in most European countries nowadays. What is mostly known as pandemic from the 1980s, a disease from which gay people like Queen-frontman Freddie Mercury died, is still an issue. Reasons for rising infections in Ireland are diverse but one, in particular, is outstanding: The country's inability to talk about sexuality.

Written by Pauline Martha Stahl

Enjoying the sun in his garden in county Laois, Michael McFarland Campbell is early for the Zoom meeting. Wearing a checkered shirt, the hair shaved off, he is friendly smiling into the camera when the video call starts. In between the Irishman changes his location – he is more comfortable in the sitting room. What stays during the interview is his kindness and openness to talk about his condition: Michael is HIV positive. Michael always knew he could get HIV. He was aware of how the virus is transmitted and that as a homosexual man he is even at

higher risk of catching the disease than heterosexuals. Nevertheless, the Irishman slept with strangers – without using a condom. "I was depressed and found a quick and easy way to feel better in sleeping with pretty random guys and didn't care whether they use protection or not because it got a buzz," Michael says. "That is principally how I ended up positive."

Therefore, the 42-year-old is one of the **ESTIMATED 7200 PEOPLE** who were living with HIV in Ireland at the end of 2018. In that year 523 new diagnoses were made, which is an increase of seven percent to the year prior. According to the **EUROPEAN CENTRE FOR DISEASE PREVENTION AND CONTROL**, Ireland is among the seven European



Adam Shanley, HIV Ireland

countries with a substantial increase in HIV infections in recent years. Whereas the number of new infections is decreasing in most European countries, it is on a significantly rise in Ireland. That assumption is underpinned by the latest data of the **CENTRAL STATISTICS OFFICE**. That shows that almost 90,000 people have immigrated to Ireland in the year up to April 2019. Only 26,900 of them were estimated to be Irish nationals. Of the new HIV

have been reduced dramatically or even shut down. That is why there has been only a small number of infections being recorded which is not truly reflective.

"But if we look back to the most recently completed data set last year, that showed HIV for the third or fourth year running having peaked over 500 new notifications in that year," Shanley confirms. However, when examining these figures one has to differentiate. "That doesn't mean all of them received the diagnosis for the first time but it was the first time they registered in Ireland," says Shanley. Therefore, a lot of gay and bisexual men arrive in Ireland from Latin America where HIV is said to be more endemic.

That assumption is underpinned by the latest data of the **CENTRAL STATISTICS OFFICE**. That shows that almost 90,000 people have immigrated to Ireland in the year up to April 2019. Only 26,900 of them were estimated to be Irish nationals. Of the new HIV

cent of them were born in sub-Saharan Africa, 36 percent were born in Latin America and the Caribbean, 9 percent were from countries in Central and Eastern Europe and 11 percent from countries in Western Europe.



Erin Nugent is the community support and testing services manager at HIV Ireland. She has noticed that her clients have changed and a lot more migrants are seeking help at her organization in recent years. "Now the majority of people we deal with are probably migrants, but only a slight majority," she says. However, migrants aren't the reason for rising infections, at least, not according to Nugent, who has 27 years of experience under her belt. Shanley agrees. He says that there is still a considerable number of new diagnoses, "even if you take away those who transferred

showed that 56 percent of infections in 2018 were, among men who have sex with men, heterosexual transmission accounted for 31 percent and three percent of new diagnoses were among people who inject drugs.

"The group of infected drug users dropped dramatically," says Shanley. The reason for that is the opportunity to access needle exchange. After initial concerns regarding the location, especially from local residents, Merchants Quay Dublin is now planning the first supervised drug injecting centre in the country. Drug users can go to the facility to inject substances under the supervision of a medical professional.

As drug use turns out not to be a substantial reason for rising infections, other aspects should be taken into account. One is an improvement in testing over the past few years. "Nowadays, there are more services, more ways of accessing and interacting with them and quicker turn-around time," says Shanley.

The bigger problem is that even though the number of people being tested increased, it is still not enough. Michael

him: "I wasn't that surprised." Nevertheless, the first few months were tough. After his diagnosis, a friend took Michael to a support center in Belfast. "Meeting other people was great, it really helped because suddenly you weren't alone," says Michael. That was the moment he realized: "This is not a death sentence, this is something else, it's a life sentence."

At the time of his diagnosis, he was self-employed but doing a lot of work for one particular employer. After Michael told him about his disease, he still paid him even though he was not able to work. In the beginning, he had to take five pills a day. Soon side effects like general fatigue, diarrhoea, and illness set in.

At one point, Michael even gave up on medication. "I just couldn't take it with all the side-effects," he says. But the hardest thing for him was to quit his job as a scout leader. As HIV attacks and weakens the immune system, the risk of being exposed to a lot of kids who could transmit other diseases was too high. "But that was the only thing that got stopped because of the diagnosis."

Now, the 42-year-old is a scout leader again, living in county Laois with his husband. "Back on diagnosis, I thought no-one would ever want to go out with me again." His smile reveals that he knows better now. He started to date his current partner in 2010 and things were going well. After they got to know each other a bit, he never

"This is not a death sentence, this is something else, it's a life sentence."

Michael McFarland-Campbell

diagnoses in 2018, 21 percent were born in Ireland, 71 percent abroad and eight percent didn't have information on country of birth. According to the **HEALTH PROTECTION SURVEILLANCE CENTRE (HPSC)** 34 per-

cent of them were born in Ireland. "What the experts know is that even if everyone can get infected with the virus, there are certain groups that are more at risk than others. The **LATEST REPORT** on HIV in Ireland

vously told him about his HIV status. That was a big step for Michael. "You're always worried you might be rejected." But his now-husband surprised him with his reaction: "He just put his arms around me, gave me a big hug and said: 'What's the problem?'"

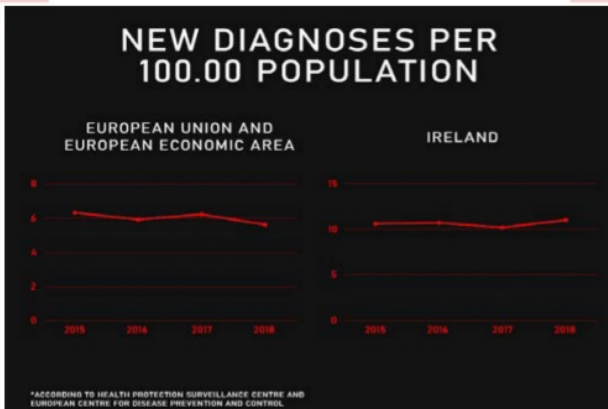
But this is a response that can not be taken for granted. Michael's partner is an individual case that stands in comparison to many people who still think in stereotypes. He knew about HIV and possible ways of transmission. Also he was aware that when taking medication properly, the virus can be suppressed and the diseased person is not infectious anymore. However, Erin Nugent and her organization observed that while most people seem to understand that HIV is only transmitted via blood and other body fluids like semen and vaginal fluids, "they don't really know how they can not get it."

One question she still gets regularly is, for example, if someone can get infected when a diseased person spits at them or uses the same toilet. "There is probably a little bit of that missing in terms of HIV education within the schools," Nugent says. She notices that a lot of young people are unsure about how HIV is transmitted. "If the schools were really up and at-em about overall HIV education that was probably something we wouldn't see." Michael remembers his own sex-education in Northern-Ireland:

"It was dreadful." Even though they were told about the existence of HIV there was "no real talk about that or any of the other STIs." For him, a boy who knew that he was not interested in girls by the age of nine, sex education didn't help at all. His teacher said she couldn't talk about gay sex because of SECTION 28 IN THE NORTHERN IRELAND ACT FROM 1988.

The part of the legislation said that local authorities "shall not intentionally promote homosexuality or publish material with the intention of promoting homosexuality" or "promote the teaching in any maintained school of the acceptability of homosexuality as a pretended family relationship." But for Michael the cause lies elsewhere: "I think the predominance of one particular church and its influence in education is really what's at the root of this problem."

He knows that the country is getting better. In the last ten years, Ireland has legalized both gay marriage and abortion. "But regarding sex education it got a bit lost," is Michael's opinion. That is also what Conor McCarthy experiences with his two kids at the moment. One of them is 15 years old, an age where sex education usually is a thing. Conor is sure that his sons are up to date, know more about sex than he does. However, he doesn't think that is due to good teachers: "I don't think sex education here is good. I think they le-



Whereas new HIV diagnoses are decreasing in most European countries, they are on the rise in Ireland.

Image: Pauline Martha Star

"I'm scared to go to the hospital because I'm so ashamed of it."

Conor McCarthy

arn it from the internet." Like Michael, the 52-year-old Conor lays the blame for such ignorance at the feet of the Irish school system. "Definitely it is because it's Christian Brothers, it's a Catholic school system." Although he knows that the topic is not covered properly in school, the Irishmen will not take on the job of the teacher. He will never talk about sexuality with his children. Neither in

general, nor about his own positive HIV test, that he got in September 2019. Conor thinks that people in Ireland are not able to talk about sexuality. "Irish people aren't supposed to be asking those questions about sex," he says. "I think they are not able to do it, they don't have the words." As a result, Conor didn't experience any sex education either. However, he doesn't think to talk more about

this topic would have prevented him from getting infected with HIV. "It was stupidity, no matter what education," Conor caught the virus on a weekend in Madrid. The woman he got it from didn't know she had it. He describes his diagnosis as the worst feeling of his life. "I wanted to kill myself." Conor, wearing a football jersey at the Zoom meeting, is into the recreational sport and in good health though. All his life he was playing football, exercising every day. Only taking one pill in the morning, he has never had a cold or flu since he got

diagnosed. That is due to the fact that he started to take his medication right after the prompt diagnosis. Nevertheless, the father of two children has since been fighting with depression. When he is telling his story, he smiles a lot, seems to be okay. But Conor is highly concerned – not about his physical health but being stigmatized or discriminated against. "I'm scared to go to the hospital because I'm so ashamed of it." That is another reason why talking about this topic is so important, says Nugent. Whereas in the past a lot of discrimination happened in goods and services, for exam-

ple, not being served in a pub, HIV positive people don't look sick anymore nowadays. That's why stigmatization now mostly happens within the healthcare sector.

According to Nugent, these are for example healthcare professionals who are unsure of what to do with somebody living with HIV. With HIV Ireland, she went to schools, talking about sex education. Being forced to teach the whole topic in only 40 minutes, they stopped that. Now Nugent is focusing on training people who work with young people. "It's really something we'd really like to see more standardized," she says. "Where everyone gets the same information and not only in 40 minutes so the teachers can tick off at the end of the year and say I've done that."

That sex education is something that "is done quickly just to get it done" is also the impression of students that have been questioned for a review of RELATIONSHIP AND SEXUALITY EDUCATION (RSE) in schools

across all stages of education, that has been directed by the Minister for Education and Skills Richard Burton in April 2018. However, since then nothing has changed. There is still a RELATIONSHIP AND SEXUALITY EDUCATION POLICY GUIDE-

LINE, provided by the same department, whose purpose is to assist schools with the process of developing their policy for RSE. Moreover, the guide-lines are from 1997 and therefore completely outdated. Present topics like LGBTQ+ (an acronym for lesbian, gay, bisexual, transgender, queer) are not included. Attempts to change the conduct of sex education have a long history. According to an article in the Irish Times, the at-that-time Minister for Education, Gemma Hussey, already said in 1985 that there was a need for sex education. However, religious groups always opposed that idea.

Today, SECTION 4 OF THE RULES AND PROGRAMME FOR SECONDARY SCHOOLS requires schools to have an agreed policy for RSE and a "suitable RSE programme in place for all students at both junior and senior cycle," says Paul Daly from the Department of Education and Skills. "It is the responsibility of the board of management to ensure that an RSE program is made avail-



"A church that basically tells you that using a condom is a sin makes it difficult to teach about safer sex in general."

Michael McFarland-Campbell

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when she was in 6th class: "We were split into groups so that the guys and girls wouldn't be in the same room," says the 14-year-old girl. Each group was shown a video about the reproductive system, that was it. Currently, Carr still doesn't have topics that teach her anything related to sex education. Only the science teacher told her class about the male and female reproductive system. But not a single word about safe sex

and STIs. "We have only been taught about the basics. Like why we are going through puberty and why we can make babies," says the teenager. Her mother, Deborah Carr, is shocked that apparently sex education hasn't changed at all in the last 30 years. Back in her school days, a video of the reproductive system and how babies are made was the extent of the education: "We were definitely taught about it in a Catholic way."

According to Shanley, that leads to many young people hearing the first time about STIs when they get their diagnosis for Gonorrhea. HIV aside, the infection is a prominent disease that is also on the rise in Ireland. According to a REPORT OF THE HPSC, Chlamydia and Gonorrhea infections increased by seven percent from 2017 to 2018. "The lack of inclusive and comprehensive sex education in Irish schools is undoubtedly a driver of HIV and STIs," says Shanley. Furthermore, he mentions that sexual health is not only about diseases but about sexual wellbeing, the realization that sex can be enjoyable. "If there is a lack of self-work or understanding it is not a surprise that young people start their sexual careers not knowing that they're possibly doing harm to themselves or others unwittingly," says the expert. That is why the organization joins the queue of people trying to change sex education in Ireland. "We have advocated the government around inclusive

sex education and they have made some steps but unfortunately religion still plays a huge part in our education system," Shanley says. Nevertheless, there has been a slight shift in sex education over the past years. One example is EDUCATE TOGETHER, a special school form that describes itself as "a modern, dynamic charity that is redefining standards in inclusive, learner-centered education" and therefore differentiates from Catholic schools also in terms of sex education. "Educate Together believes it is not appropriate for a religious-run organization to deliver RSE in the context of an equality-based Educate Together school," says Luke O'Shaughnessy, Communication and Advocacy Manager of Educa-



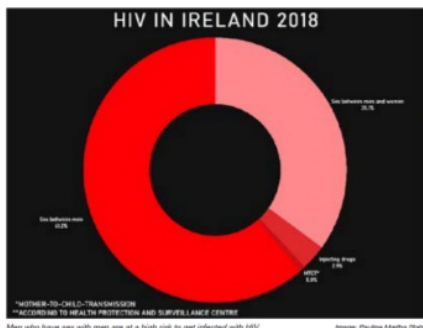
According to HIV Ireland the lack of sex education is a driver for STIs in Ireland.

Photo: Pauline Martha Star

together. He also says that although they don't have any authority to require schools to deliver RSE in a specific way, they have written to all schools under its patronage to ensure that RSE is delivered free from religious bias. Neither Michael nor Conor thinks that better and religious-free sex education would have helped them to avoid getting HIV. However, the two Irishmen as well as Shanley and Nugent from HIV Ireland think that not talking about sexuality and STIs is a driver for rising infection rates in Ireland. As such, the root of the problem appears to run much deeper, namely in the predominance of the Catholic Church and its influence in education – that is what tal-

king to HIV-positive people, experts from HIV Ireland, teachers, and students revealed. "A church that basically tells you that using a condom is a sin makes it difficult to teach about safer sex in general," Michael summarizes. In his opinion, a general campaign about the disease is what the country needs. As HIV positive, who writes openly about his disease on a BLOG he notices that there is a huge lack of awareness. Incidents that make him aware of that are for example messages from men, asking him to stop taking his medication and having sex to pass the virus on to them. "I don't know why but that happened to me many times," the Irishman says, shrugging his shoulders in bafflement. His only assumption why people

do that is that they don't know what it actually means to live with HIV. What incredible incidents like these show is that it is important to breach the gap between HIV negative and positive people, says Shanley. "We all have a responsibility in stopping the transmission." The biggest part of that is getting tested. It gives the negative the choice to stay negative and the positive the chance to get to know treatments, stay healthy, and protect others. If everyone knows their status, "everyone who is positive can take medication and after all of us die, there is no HIV," says McFarland-Campbell. "It sounds simple, but it is. We just have to do it."



Men who have sex with men are at a high risk to get infected with HIV.

Image: Pauline Martha Star

Appendix C

Structure of the podcast:

INTROMUSIC

Hi and welcome to my podcast about the infectious disease HIV. My name is Pauline Stahl and I'm a masters student of Journalism and Media Communications at Griffith College in Dublin. For my practical dissertation about HIV in Ireland I created this podcast to give some medical information about the disease, additionally to personal stories and expertise about reasons for rising infections in my article and video.
(with background music)

JINGLE

Initially seen in the 1980s HIV is still affecting millions of people worldwide. Whereas numbers of infections are decreasing in most European countries, they're still on the rise in Ireland. To understand the reasons for that, which are outlined in my article and video, I speak to Franziska Geis today. The German woman is currently doing research in the field of HIV at Columbia University in New York.
In this podcast Franziska talks to me about very interesting medical aspects of HIV and moreover, about how it is actually related to the pandemic the world is currently fighting.

JINGLE

Hi Franziska
Hi Pauline, nice to be here today.

I'm very happy to talk to you about HIV from a researchers point of view today and immerse a little bit into the history, medical but also COVID-19 related information about HIV.
But lets start at the beginning.

Interview Franziska

JINGLE

Two aggressive viruses that have similarities, like myths around occurrence and transmitting on the one hand, but on the other hand also differ, for example in the way of getting infected. Franziska also made clear why HIV is so aggressive, that infected people can be asymptomatic and explained that even there is no cure yet, HIV positive people can be treated nowadays. She also pointed out that everyone can get infected and the only way to know your status is to get tested, which is an important information to examine rising infections in Ireland.
To get the whole picture read my article and watch the video about HIV in Ireland!
Thank you for listening and stay safe!

OUTROMUSIC

Appendix D

Release Forms

MEDIA RELEASE FORM

I, Michael McFarland Campbell, grant permission to Pauline Martha Stahl to use my image and quotes (video / article / podcast) for use in Media publications including:

(Check All That Apply)

☒ Video ☐ Podcast ☒ Article ☒ Website ☒ Print document

Except for

I hereby waive any right to inspect or approve the finished product that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the image.

Please initial the paragraph below which is applicable to your present situation:

MJPBMcFC - I am 20 years of age or older and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

_____- I am the parent or legal guardian of the below named child. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

Signature: MJPB McFarland Campbell Date: 2020-07-20

Name (please print): Michael McFarland Campbell

Address: Rushmeade, Bóthar an tSáistíom, Cúil an tSóidair, Co. Laoise, R32 V9V2

Signature of parent or legal guardian: _____ (if under 20 years of age)

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Signature: aimee carr Date: 28/ July/ 2020

Name (please print): aimee carr

Address: 15 Tara crescent Killakee court Firhouse Dublin

Signature of parent or legal guardian: deborah carr (if under 20 years of age)

MEDIA RELEASE FORM

I, Deborah Carr, grant permission to Pauline Martha Stahl to use my image and quotes (video / article / podcast) for use in Media publications including:

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☐ Video ☐ Podcast ☒ Article ☐ Website ☒ Print document

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Signature: Deborah carr Date: 28 July 2020

Name (please print): Deborah carr

Address: 15 Tara crescent Killakee court Firhouse Dublin

Signature of parent or legal guardian: _____ (if under 20 years of age)

MEDIA RELEASE FORM

I, Franziska Geis, grant permission to Pauline Martha Stahl to use my image and quotes (video / article / podcast) for use in Media publications including:

(Check All That Apply)

☐ Video ☒ Podcast ☐ Article ☒ Website ☐ Print document

I hereby waive any right to inspect or approve the finished product that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the image.

Please initial the paragraph below which is applicable to your present situation:

FG - I am 20 years of age or older and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

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Signature: Franziska Geis Date: 21.07.2020

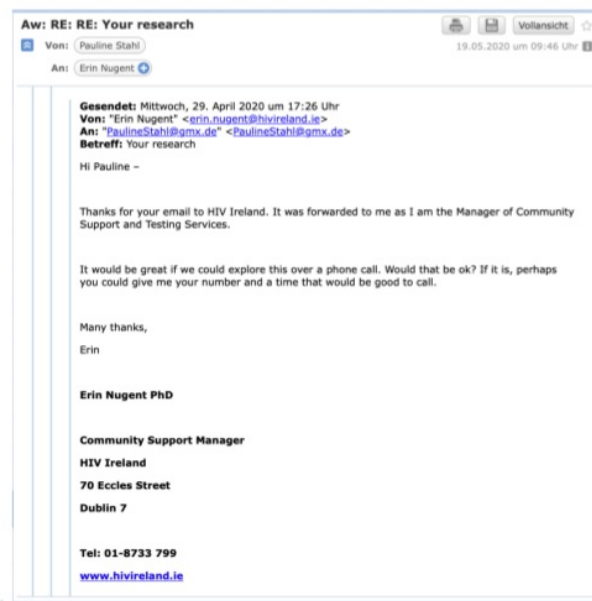
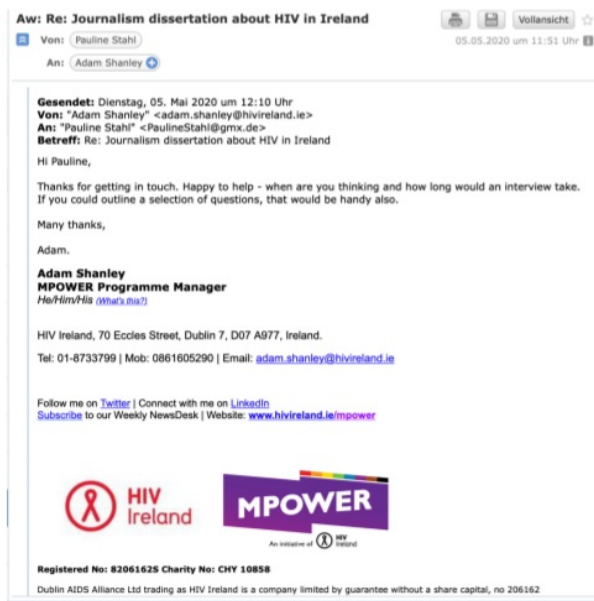
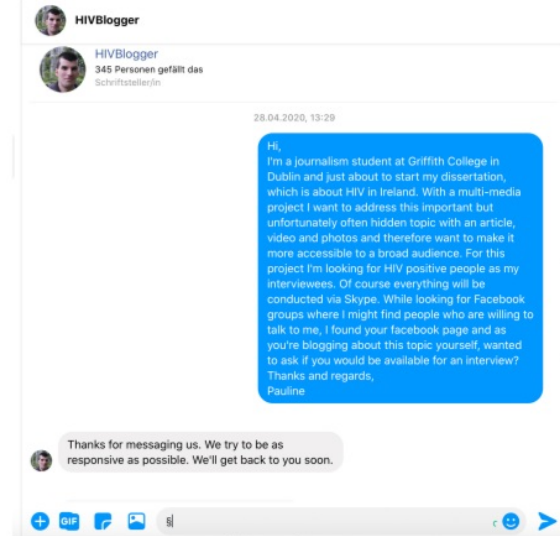
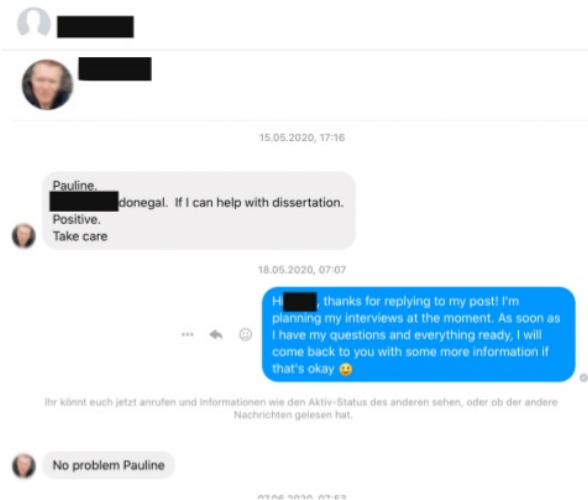
Name (please print): FRANZISKA K. GEIS

Address: Oberer Hohl 24, 65620 Waldkruem GERMANY

Signature of parent or legal guardian: _____ (if under 20 years of age)

Appendix E

Contact to Interviewees





A JOURNALIST

Members of the National Union of Journalists are expected to abide by the following professional principles

- 1** At all times upholds and defends the principle of media freedom, the right of freedom of expression and the right of the public to be informed.
- 2** Strives to ensure that information disseminated is honestly conveyed, accurate and fair.
- 3** Does her/his utmost to correct harmful inaccuracies.
- 4** Differentiates between fact and opinion.
- 5** Obtains material by honest, straightforward and open means, with the exception of investigations that are both overwhelmingly in the public interest and which involve evidence that cannot be obtained by straightforward means.
- 6** Does nothing to intrude into anybody's private life, grief or distress unless justified by overriding consideration of the public interest.
- 7** Protects the identity of sources who supply information in confidence and material gathered in the course of her/his work.
- 8** Resists threats or any other inducements to influence, distort or suppress information, and takes no unfair personal advantage of information gained in the course of her/his duties before the information is public knowledge.
- 9** Produces no material likely to lead to hatred or discrimination on the grounds of a person's age, gender, race, colour, creed, legal status, disability, marital status, or sexual orientation.
- 10** Does not by way of statement, voice or appearance endorse by advertisement any commercial product or service save for the promotion of her/his own work or of the medium by which she/he is employed.
- 11** A journalist shall normally seek the consent of an appropriate adult when interviewing or photographing a child for a story about her/his welfare.
- 12** Avoids plagiarism.



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The NUJ believes a journalist has the right to refuse an assignment or be identified as the author of editorial that would break the letter or spirit of the code. The NUJ will fully support any journalist disciplined for asserting her/his right to act according to the code.

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